

**DEPARTMENTAL REQUEST FOR COURSE MATERIALS AND SERVICES FEE WAIVER**

Instructions: The **department** must submit the request. Completed form must be sent to Student Accounting by the 20th day of instruction. Fax: (530) 752-5718 or email: collections@ucdavis.edu. *Please print clearly.*

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Student Email \_\_\_\_\_

Course Information: \_\_\_\_\_

Subject Code \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_

Amount of Fee \_\_\_\_\_ Quarter/Semester \_\_\_\_\_

Reason for request:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Authorization**

Department Name: \_\_\_\_\_

Authorized by (Full Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student Accounting Use Only**

Exemption number \_\_\_\_\_

Detail Code \_\_\_\_\_ Exemption Code: \_\_\_\_\_

Comments: \_\_\_\_\_